

2644
JL
PATENT

CUSTOMER
TRADEMARK OFFICE 46900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Attorney Docket No. Gabara 75-12-3

In re application of: Thaddeus John Gabara et al.

Serial No.:	<u>09/589,391</u>	Group Art Unit:	<u>2644</u>
Filed:	<u>06/07/00</u>	Examiner:	<u>Devona E. Faulk</u>
Matter No.:	<u>992.1047</u>	Phone No.:	<u>703-305-4359</u>

For: Adjustment of a Hearing Aid Using a Phone

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NOV 08 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is filed in response to the office action of 08/25/04.

11/05/2004 FMETEKI1 00000031 09589391

01 FC:1201

264.00 OP

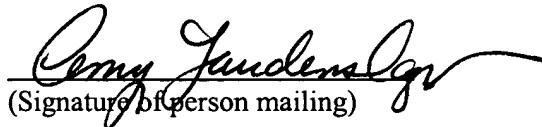
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Certification Under 37 CFR 1.8

Date of Deposit 11/03/2004

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail under 37 CFR 1.8 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Amy Laudenslager
(Name of person mailing)


(Signature of person mailing)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Re: Attorney Docket No. Gabara 75-12-3application of: Thaddeus John Gabara et al.Serial No.: 09/589,391
Filed: 06/07/00
Matter No.: 992.1047Group Art Unit: 2644
Examiner: Devona E. Faulk
Phone No.: 703-305-4359For: Adjustment of a Hearing Aid Using a Phone

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NOV 08 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee for claims is required.

	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Additional Fee
Total	49	minus 53 =	0 x 18 =	\$0
Independent	13	minus 10 =	3 x 88=	\$264
Multiple Dependent Claim(s), if applicable			0 x 300 =	\$0
			TOTAL FEE	\$264

 It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.Response filed within:

- first - \$ 110.00
- second - \$ 430.00
- third - \$ 980.00
- fourth - \$1,530.00
- fifth - \$2,080.00

month after time period set

- A check in the amount of \$264.00 is enclosed.
- Please charge **Mendelsohn & Associates, P.C.** Deposit Account No. 50-0782 the amount of \$ _____. A duplicate copy of this sheet is attached.
- The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0782. A duplicate copy of this sheet is attached.
 - Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 C.F.R. §1.17.

Date: 11/3/04
Customer No. 46900
Mendelsohn & Associates, P.C.
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Philadelphia, PA 19102
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